

ISSUE STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	B.H	60245	5-15-91
O.I.P.E. CLASSIFIER		8	5-13-98
FORMALITY REVIEW	TD	67934	5-22-98

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/29/90
2	✓	✓	9/19/90
3	✓	✓	6/15/90
4	✓	✓	5/10/90
5	✓	✓	5/10/90
6	✓	✓	5/10/90
7	✓	✓	5/10/90
8	✓	✓	5/10/90
9	✓	✓	5/10/90
10	✓	✓	5/10/90
11	✓	✓	5/10/90
12	✓	✓	5/10/90
13	✓	✓	5/10/90
14	✓	✓	5/10/90
15	✓	✓	5/10/90
16	✓	✓	5/10/90
17	✓	✓	5/10/90
18	✓	✓	5/10/90
19	✓	✓	5/10/90
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23	✓	✓	5/10/90
24	✓	✓	5/10/90
25	✓	✓	5/10/90
26	✓	✓	5/10/90
27	✓	✓	5/10/90
28	✓	✓	5/10/90
29	✓	N	5/10/90
30	✓	N	5/10/90
31	✓	N	5/10/90
32	✓	N	5/10/90
33	✓	N	5/10/90
34	✓	N	5/10/90
35	✓	N	5/10/90
36	✓	N	5/10/90
37	✓	N	5/10/90
38	✓	N	5/10/90
39	✓	N	5/10/90
40	✓	N	5/10/90
41	✓	N	5/10/90
42	✓	N	5/10/90
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions

staple additional sheet(s).

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